

STATE OF RHODE ISLAND DIVISION OF MOTOR VEHICLES

Application for Registration and/or Driver License Information

A **\$11.50** Fee is required for each Registration Name, Plate, VIN, License Name or Number Inquiry

RETURN TO: _____

NAME: _____

ADDRESS: _____

CITY OR TOWN: _____

Date: _____

I hereby request information on the following motor vehicle:

Plate Number: _____

Vin Number: _____

Name of Owner: _____

Address of Owner: _____

I hereby request information on the following Driver's License:

Driver's License Number: _____

Driver's Name: _____

Driver's Address: _____

Insurance Information available only on transfer or new registration after 9/80.

**For insurance companies only.

**Date of Loss: _____

Purpose of request: _____